Advisory Council,

Persons who are Deaf

Hard of Hearing, DeafBlind,

and Late Deafened

Biennial Report

FY 2003 and FY 2004

November 23, 2004

Commissioner, Department of Mental Health,
Mental Retardation, and Substance Abuse Services
James S. Reinhard, M.D.
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Richmond, Virginia 23218

Dear Commissioner,

On behalf of the Advisory Council, Persons who are Deaf, Hard of Hearing, DeafBlind, and Late Deafened, I am pleased to enclose our Biennial Report for Fiscal Years 2003 – 2004. As an Advisory Council we are encouraged to receive reports from consumers of the significant changes they have been able to accomplish in their lives with the assistance of the Regional Deaf Services Programs and the Mental Health Center for the Deaf at Western State Hospital. These providers are pioneers in regional cooperation and in many ways have been "Living the Vision" for nearly two decades.

As an Advisory Council we also receive reports from consumers, consumer groups, and community advocates that point to an immediate need to continue to improve upon existing services and to develop additional specialized services for persons with a hearing loss. As a major accomplishment for this biennium the Advisory Council is pleased that we were able to work with you to enhance the coordination of existing resources by moving the State Coordinator position to the community. As a second accomplishment for this biennium we have agreed on a prioritized list of future resource needs. This report contains an overview of our first priority which is to expand the number of Regional Deaf Services Programs from six to ten, and to increase program funding to $100K for each program. Our work in this biennium has set a clear course for the future.

As always, we are extremely appreciative of your commitment to persons who are Deaf, Hard of Hearing, DeafBlind, and Late Deafened who have mental health, mental retardation and substance abuse issues. As an Advisory Council we are committed to working with you to move consumers with a hearing loss to new levels of self determination, empowerment and recovery.

Sincerely,

Michael Bush, L.P.C.,
Chairman, Advisory Council

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Brenda's Story

Brenda came to Virginia on a bus with her purse, several bags, and the address of a cousin she had not seen since she was a child. She left behind her husband, her relatives, her job, and every aspect of the life she had built for herself since becoming an adult. After finding her cousin and staying with her for a week, her new family was overwhelmed with all of Brenda's issues and also concerned that she was tearful almost all the time. Brenda was Deaf and communicated in sign language so talking with her cousin who spoke English was extremely difficult. Brenda's cousin called to get an appointment with a private therapist listed in the phone book. The therapist had attended an outreach presentation by the Regional Coordinator (RC) of Deaf Services a year earlier and referred Brenda to the Regional Deaf Services Program. The next day, Brenda and her cousin met with the Regional Coordinator in their local Community Services Board Office.

The Regional Coordinator, fluent in American Sign Language, listened to all of the details of Brenda's story. Although Brenda and her cousin were focused on her many life stresses and challenges, the RC asked Brenda if it would be alright to focus on her mental health issues first, and then talk more about solving other issues. It was immediately apparent that Brenda was in a dangerous situation. She was suffering from major depression, had not slept in two days, and was hearing voices telling her to take her life. Although she did not want to harm herself, she did not feel safe and did not think she could further resist the advice of the voices. The Regional Coordinator explained the resources available at the Mental Health Center for the Deaf at Western State Hospital and Brenda left from the office directly for the hospital.

At MHCD Brenda talked with a sign language fluent psychiatrist who found the "right medications for my illness." Brenda talked with a sign language fluent psychologist who helped her process her emotions and also set goals for remaining sober. Brenda talked with a sign language fluent social worker who helped her begin to sort out her legal and financial issues, as well as planning with the Regional Coordinator to return to the community. Brenda received support, and gave support, to other Deaf residents on the unit. After a short stay at MHCD, Brenda returned to her cousin's house. Within a week of being home she had met with her CSB psychiatrist and the Regional Coordinator who initiated a treatment plan for both case management and therapy. Brenda also attended the first AA meeting of her life where a sign language interpreter was present to make the meeting accessible.

Brenda has been taking her medications, meeting twice a month with the Regional Coordinator and attending AA groups regularly. On her own, Brenda has resolved all of her legal and financial issues. She has also established positive contact with her husband and is thinking about visiting home over Christmas to talk about the next step. Whether she stays in Virginia or moves away, she is thinking about going back to work. Brenda recently said that it's "…good to have my life back."

A Proposal for Expanding Statewide Services:

Expand the number of Regional Deaf Service Programs from 6 to 10 and provide $100K in annual funding to each Program:

Consumers who are Deaf, Hard of Hearing, DeafBlind and Late Deafened receive dramatically different services across the State of Virginia. A Deaf consumer in one area may have access to a signing therapist, a signing case manager, and even a signing pre-screener when experiencing a mental health crisis. In this situation the consumer has the resources to have their needs addressed on an outpatient basis, preventing hospitalization. A consumer in another area may have literally no access to a specialized provider (or even an interpreter) in any circumstance. In this situation the consumer's first contact with the service system is likely during a crisis situation that leads to inpatient hospitalization. Correcting this basic inequity of services across the Commonwealth is the Advisory Council's first priority. Two basic problems severely weaken our current system.

Problem One: **The Regional Programs are underfunded.** The administering CSB of each Regional Deaf Services Programs receives $50K per year. This dollar amount, established in 1985, has never been increased.

- State funding no longer covers even the salary (and/or benefits) for the Regional Coordinators who are Masters or PhD level sign language fluent clinicians.
- The administering CSB contributes an increasing annual portion to cover transportation, administrative, training, equipment, and other basic program costs. Regional Coordinators are increasingly forced to focus services on persons with Medicaid or other billable insurance; many consumers have no insurance.
- Positions, when vacant, can take over a year to fill leading to an almost complete program collapse as consumers become frustrated and leave services.
- This funding level provides an enormous disincentive for the administering CSBs to hire a Regional Coordinator who is Deaf or Hard of Hearing, as interpreting costs alone for program staff can reach $30K/year.

Problem Two: There are not enough Regional Programs. The quality, efficiency, and availability of services are severely limited by region size and population.

- Consumers are making the decision to leave their home communities in order to relocate near available specialized services.
- Consumers in entire Community Service Boards catchment areas, are completely un-served by a specialized provider.
- There is one Regional Coordinator for every 80 thousand Virginians who are Deaf, Hard of Hearing, DeafBlind or Deafened.
- One region covers the catchment areas of 9 Community Services Boards. Regional Coordinators in rural areas are spending up to 500 work hours a year traveling to see clients.

Solution: Expand the number of Regional Deaf Service Programs from 6 to 10 and provide $100K in annual funding to each Program: Implementing this proposal would have the following impact:

- The number of consumers actively being served by Regional Programs would increase from the current level of approximately 225 to a projected level of 400.
- Consumers would experience equity in services regardless of where they live.
- Consumers would receive equal services regardless of their insurance.
- Consumers would have the best chance possible to have their mental health and substance abuse needs met in the community, diverting hospitalizations.
- Consumers with a hearing loss who are mentally retarded would have access to specialized services when the current focus is almost entirely on MH services.
- Regional Coordinators would have the increased ability to mobilize Deaf, Hard of Hearing, DeafBlind and Late Deafened consumers into local advocacy groups.
- Regional Programs could *expand current services* by hiring sign fluent case managers who could further increase revenue by providing and billing for much needed case management services.
- Virginia could attract and retain specialized providers who are Deaf themselves.
- Regional Coordinators would have the increased ability to work with Regional Leadership to address specialized regional needs in each area.

The brevity of this solution reflects a thought process that has been distilled for over 10 years. When DMHMRSAS expanded the Regional Deaf Service Programs from 4 to 6 in 1999, it was based on a 1998 Advisory Council proposal to expand to 10 regions. This number was based on a careful look at geography, regional relationships, the provider to consumer ratio, and the maximum number of Community Services Boards one Regional Coordinator could feasibly serve. The need for regional expansion is consistent with the current language and goals stated in the Comprehensive State Plan 2002-2008. It is also important to note that the Advisory Council and DMHMRSAS found it very difficult in 1999 to find CSBs willing to administer a Regional Deaf Services Program at the 1985 funding level of $50K. The issues of program expansion and program funding are inseparable. The Advisory Council looks forward to working with DMHMRSAS to make this proposal a reality.

Additional Resource Needs: Although the Advisory Council recommends focusing on strengthening our community services infrastructure for persons with a hearing loss as a first priority we recognize that unique funding opportunities and situations may allow us a concurrent opportunity to advocate for expanding services in other areas. Specifically, we will be looking for opportunities to address the dire need for culturally sensitive residential programs in our state. We will also be looking for opportunities to improve services to children with a hearing loss who have mental health, mental retardation and substance abuse issues. Finally, we look to support the efforts of Regional Programs and Regional Leadership to address local needs. To this end we have asked the Regional Programs to address their most pressing needs in this report.

Regional Deaf Services Program, Southwest

Administered by Cumberland Mountain Community Services.

Background: The Regional Deaf Services Program (RDSP), Southwest, provides mental health, mental retardation and substance abuse services to deaf, hard of hearing, deafblind, and late deafened consumers living in the thirteen counties and three cities of far Southwest Virginia. When this program was established in 1999 there were 6 deaf consumers being served by the 5 Community Services Boards which provide services in this area. At the end of FY 2004 the program had provided direct clinical services to over 75 consumers. RDSP maintains an active case load of approximately 40 consumers ranging in age from 5 to 78 years old, with new referrals and case closures on a monthly basis. This number is extremely significant in light of the intensity of services being provided to each consumer, the geographic distance between consumers, and the complexity of consumer needs. Program staff include the Regional Coordinator, Michael Bush, a sign language fluent psychiatrist, Dr. Jana Dreyezhner, and the Regional Case Manager for the Deaf, Lorrie Taylor. Core program services include psychotherapy, case management, mental health support services, emergency services, psychiatric evaluation, medication clinic, case consultation to CSB staff, and professional education on serving persons with a hearing loss.

New Developments: The period covering FY 2003 and FY 2004 has been one of tremendous growth. In response to growing community needs the program expanded to hire Lorrie Taylor, BSW, as the Regional Case Manager for the Deaf. Consumer feedback to the expansion was overwhelmingly supportive especially in light of the fact that Ms. Taylor is hard of hearing herself. Positive outcomes surfaced immediately. In one example, Ms. Taylor united three deaf female consumers from different towns who previously did not have a single person in their lives who could communicate in sign language. The stabilizing result of peer support was evident in all three women. With the support of peers and a sign fluent case manager, all three women have avoided further psychiatric hospitalization. Another significant development was RDSP's decision to move beyond providing only consultative services to citizens with mental retardation. On a limited basis, program staff are now providing case management and other direct clinical services in sign language to consumers who are deaf and diagnosed with mental retardation. RDSP's program was nationally featured in the Spring, 2003, issue of *Rural Mental Health*.

Program Needs : The most pressing need for future growth in Southwest Virginia concerns the issue of residential services. The presence of a culturally sensitive "deaf residential program" in this region would reduce the need for psychiatric hospitalizations which are personally costly to consumers and financially costly to the state. In the next biennium, RDSP will be seeking funding from federal, state, and private foundations to address this vital gap in the continuum of care. A second pressing issue is the stagnation in annual program funding received from DMHMRSAS. The current $50,000 per year, established in 1985 to operate these specialized regional programs, no longer covers even

the salary and benefit costs for the Regional Coordinator position. Fiscal dependency on Medicaid for program support does not recognize the services needs of consumers that do not currently qualify or who will never qualify for Medicaid.

Staff Highlight: Jana Dreyzehner, M.D., The Regional Deaf Services Program would like to recognize Dr. Jana Dreyzehner for five years of service to consumers who are Deaf, Hard of Hearing, DeafBlind and Late Deafened living in far Southwest, Virginia. Dr. Dreyzehner is one of a handful of psychiatrists nationwide with the sign language skills to meet the communication needs of nearly all of their clients without the use of an interpreter. As one consumer stated, "I can really talk to my doctor!" Dr. Dreyzehner gained experience working with persons with a hearing loss at Gallaudet University and at St. Elizabeth's Hospital in Washington, D.C. In addition to being Board Certified in General psychiatry she is Board Certified in Child and Adolescent Psychiatry. Dr. Dreyzehner uses the Appal-Link Telepsychiatry system to extend the convenience of her medication clinic across this rural region. In addition to providing psychiatric evaluation and medication services Dr. Dreyzehner provides clinical supervision to program staff.

Community Services Boards
Cumberland Mountain Community Services
Dickenson County Behavioral Health
Highlands Community Services
Planning District One Community Services
Mt. Rogers Community Services

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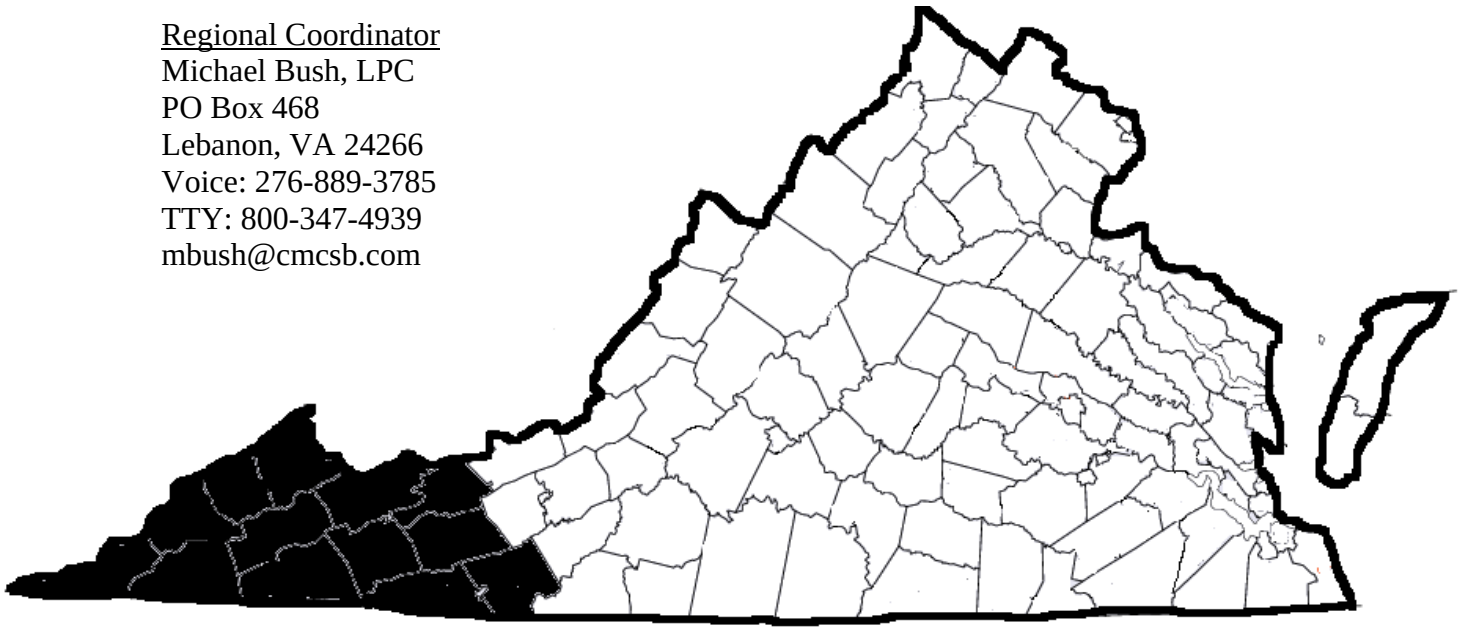

Regional Deaf Services Program, Richmond Area
Deaf and Hard of Hearing Community Counseling Services

Administered by Challenge Discovery Projects.

Program Overview:

Deaf and Hard of Hearing Community Counseling Services (DHHCCS) began with the concept of providing comprehensive outpatient mental health services, accessible to persons who are deaf, hard of hearing, late deafened, deafblind, and their families. The program has been administered since 1981 by Challenge Discovery Projects, a private, non-profit organization. It was the first agency of its kind in the state of Virginia and originally provided statewide outpatient mental health services. Presently it serves Richmond and surrounding counties in the central Virginia area.

Past Accomplishments:

In this biennium DHHCCS's primary objectives were to focus on providing accessible, professional services to the deaf community and to strengthen its connection to agencies serving this target population. DHHCCS continued to serve over 70 individuals/families annually in the deaf community each year. This was accomplished in a number of ways. Interpreter students, agency representatives and other persons networked in the deaf community were involved in our annual bowl-a-thon. Another project accomplishment in 2002 was the development and the conduction of a symposium titled "Exploring Healthy Lifestyles." Presentations were given by consumers and service providers to explore avenues that promote healthy lifestyles towards mental health. Additionally DHHCCS successfully participated in the selection of a new site for its offices in cooperation with MCA Network now located near other service providers (i.e. Virginia Department for the Deaf and Hard of Hearing and the Department of Rehabilitative Services).

Future Goals:

DHHCCS with VCU and other service providers will cooperatively conduct a women's seminar titled "Feeling Challenged with Your Hearing Loss?" to be held September 25, 2004. The goal of this seminar is to access hard of hearing women who are not being served in the community and to network with new service providers and professionals in the community. A psychosocial support group will be developed from interested seminar participants and will be co-facilitated by DHHCCS, VCU and various women from service providing agencies in the community.

Program Needs:

DHHCCS along with other mental health providers continues to recognize the need for additional funding for the development of mental health services throughout Virginia for persons with substance abuse problems, children, and persons needing residential programs. Our goal is to continue identifying the needs of our target population and exploring potential funding sources to meet these needs. Additional information concerning DHHCCS programs and future developments can be addressed to Emmett Jones, Ph.D., Licensed Clinical Psychologist, Program Director, or to Dan Stembridge, Administrative Director at 1503 Santa Rosa Road, Suite 211, Richmond, VA 23229. Phone: (804) 282-1943 [Voice] or (804) 282-1944 [TTY].

Community Services Boards
Henrico Community Services
Richmond Community Services
Chesterfield Community Services
Hanover Community Services
Goochland-Powhatan Community Services
Planning District 19 Community Services
Crossroads Community Services
Southside Community Services

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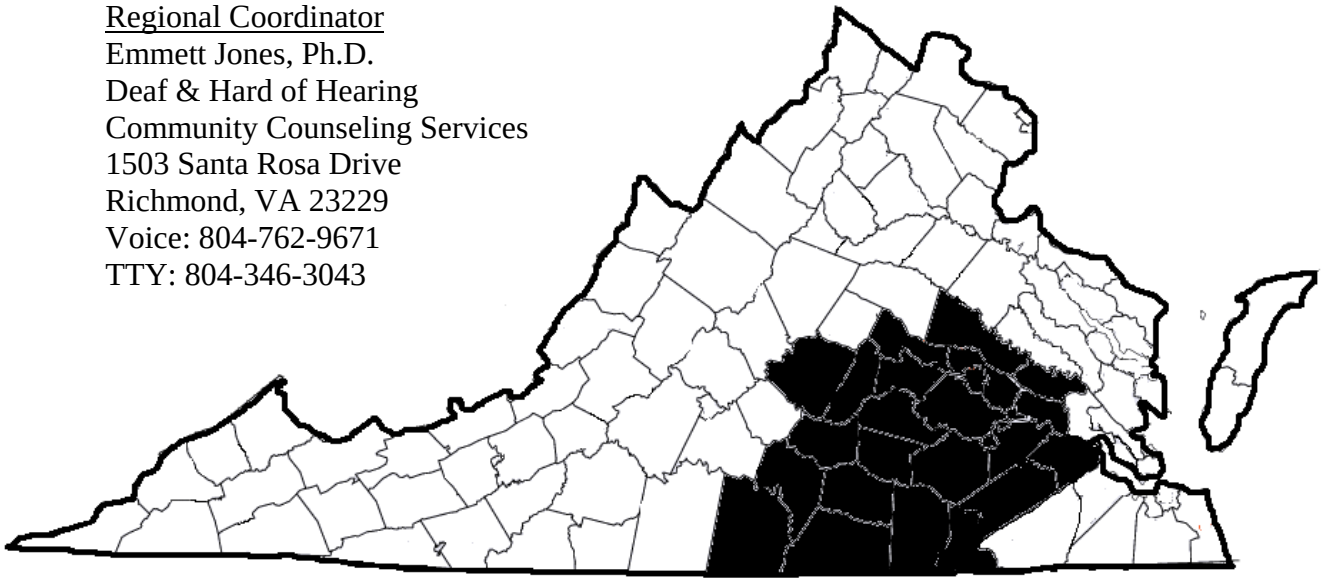

Regional Deaf Services Program, Valley Region
Deaf and Hard of Hearing Services

Administered by Valley Community Services Board

Background: Deaf and Hard of Hearing Services was established in 1989 as a regional program to provide mental health services to people who were Deaf, Hard of Hearing or DeafBlind in the Health Planning Region One. This region included these Community Services Boards: Harrisonburg-Rockingham, Northwestern, Rappahannock Area, Rappahannock-Rapidan, Region X, Rockbridge and Valley. At the time the program was initiated there were no direct services for Deaf and Hard of Hearing people. This region was selected for its large Deaf population and the geographic location to other services available to Deaf, Hard of Hearing and DeafBlind people. The Coordinator made contact with each of the Boards and determined the needs for that community. As a result there are consultations available to all Boards and as-needed services to some of the Boards and there are direct services offered in three of the Boards. There are currently thirty-three active cases open to Deaf and Hard of Hearing Services. This represents services for outpatient mental health and case management services. There are also three cases open to mental retardation services. The program has one Licensed Professional Counselor, Kathryn A. Baker, who serves as the Regional Coordinator and the direct service provider. Interpreter services are required for the mental retardation services and the psychiatric services. Services offered include: out-patient mental health for individuals (children and adults), families and couples; case management services; psychiatric services, including nursing services and emergency services, including prescreenings. The Regional Coordinator has developed contracts for mental health services with Virginia School for the Deaf and Woodrow Wilson Rehabilitation Center. The Regional Coordinator is also available to provide advocacy and professional training for working with persons who are Deaf, Hard of Hearing, DeafBlind or Late Deafened.

New Developments: There has been a significant change in the Deaf and Hard of Hearing Services at Valley Community Services Board. At the direction of the Advisory Council for Services for Persons who are Deaf, Hard of Hearing, DeafBlind and Late Deafened, the Board agreed to host the State Coordinator for Services for Persons who are Deaf, Hard of Hearing, DeafBlind and Late Deafened. At this time, the Regional Coordinator will assume the duties until such time as there exists additional funding for the State Coordinator's position. This change created the need for an additional position and the Board has agreed to add another part-time position of case manager to the Deaf and Hard of Hearing Services. This change will allow for there to be some needed additional services to children and families in the area of case management and there will be additional mental health support and residential case management services. This additional position is expected to increase the number of referrals for the case management services and allow the State Coordinator to complete the duties as requested by the Advisory Council. It has been possible for the Regional Coordinator to provide services to children attending the Virginia School for the Deaf and their families. Using the videoconferencing equipment, it is now possible for the residential students to receive outpatient services during the school year and continue these services with the same therapist during the

summer. It also allows for the families of these students to be involved in the therapy allowing for a more successful outcome.

Program Needs: Since the inception of Deaf and Hard of Hearing Services there has been the awareness of the need for residential services sensitive to the needs of this population. There have and continue to be discussions in the Valley area as to how best to meet this gap in services. In addition, there are a number of children receiving services at the Virginia School for the Deaf who are in need of services for emotionally disturbed children. This includes both outpatient and in-patient services. There currently are no services available to these children in the Commonwealth where the program is staffed by professionals who can sign and understand the combination of deafness and mental illness. At this time, these children are forced to go out of state to receive this service. Deaf and Hard of Hearing Services has operated since 1989 under the same budget as was originally provided. The current fiscal requirements for salary and benefits far exceed the $50,000 provided by DMHMRSAS. Providing specialized services requires financial support that cannot be provided by private insurance or Medicaid and Medicare.

Community Services Boards
Harrisonburg-Rockingham Community Services
Region Ten Community Services
Rappahanock Area Community Services
Rappahanock-Rapidan Community Services
Northwest Community Services
Valley Community Services
Rockbridge Community Services

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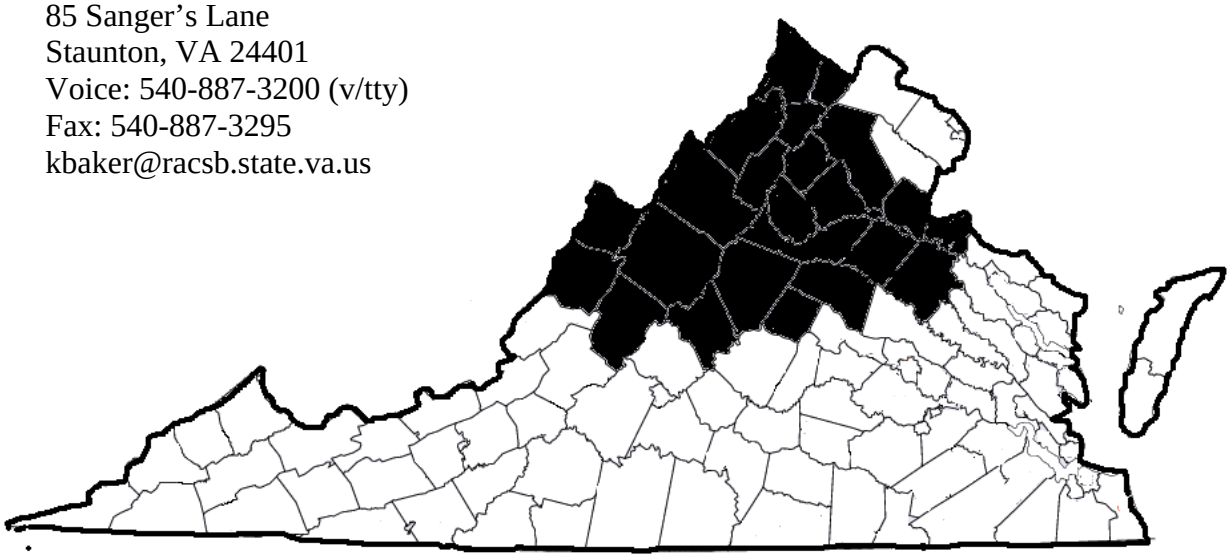

Regional Deaf/Hard of Hearing Services Program, Northern Virginia

Administered by Fairfax County Community Services-Springfield Location

Background: The Regional Deaf Services Program (RDSP), Northern Virginia, provides mental health, mental retardation, and substance abuse services to deaf, hard of hearing, late deafened, and deafblind consumers residing within the five Community Services Boards in Northern Virginia. The Deaf and Hard of Hearing consumers range in age from childhood to older adults. The Regional Coordinator position was instituted in 1987 where it was established as a half-time position. Over the years, with a significant increase in clientele and the need for staff education and consultation regionally, the position was increased to full-time. As the population of consumers expanded and the regional responsibilities grew, another position, Mental Health Therapist, was added to augment the clinical caseload; specifically for Fairfax County. Both positions are housed at the Springfield Adult Outpatient Clinic within the Fairfax/Falls Church CSB. The modality of services is complex given the individual needs of each consumer and the educational needs of staff. Core program services include-but not limited to-mental health support services, case management, crisis intervention, networking with hospitals and other agencies to coordinate continuums of care for consumers, and consultation and training of CSB staff. Due to a significant increase in region-wide outreach, the Regional Coordinator's job description has been revised and updated to reflect more accurate job responsibilities that include clinical, regional, supervisory, and administrative responsibilities. Program staff includes Regional Coordinator, Natalie Rinker, Psy.D., also a licensed Clinical Psychologist; and Steven Townshend, MA. Both staff are sign language proficient with extensive knowledge of mental health and Deaf Culture.

New Developments: The period covering FY 2003 and FY 2004 has been one of flexibility and change. The former Regional Coordinator, Becky Sadler, had resigned in 2002 after 10 years of service. The RDSP was without a Regional Coordinator for almost one year before Ms. Sadler was replaced by Dr. Rinker, who began July, 2003. The Mental Health Therapist position was also changed from Tasha Moran, MA, to Mr. Steven Townshend, MA, who was hired in October, 2003. Much of the time was spent getting word out to consumers and agencies that Deaf mental health services was once again available and in full swing. With the staff being Deaf and housed in a hearing agency, a sign language interpreter is essential. Approval was obtained in FY 2004 to purchase interpreting services 20+ hours weekly from contractors to accommodate both staffs' language needs as well as the Deaf consumers who come for psychiatric sessions with psychiatrists who are not sign language proficient. The response from CSB staff and consumers has been highly favorable given that communication and cultural sensitivity are being addressed. CSB staff have been requesting various educational training forums to expand their repertoire in working with Deaf individuals. Dr. Rinker has been busily educating agencies, such as Crisis House and Emergency Services, and advocating for better services and accessibility to Deaf consumers overall.

Program Needs: The most imminent needs for future mental health services in Northern Virginia: residential placement, program funding, and interpreter services. First, Northern

Virginia has the largest concentration of Deaf persons in the Commonwealth, it is ironic that there are no culturally sensitive Deaf residential programs available. This includes residence for substance abusers and group homes for the chronically mentally ill and persons with mental retardation. The only facility available to persons who are deaf with comorbid psychiatric and/or substance abuse needs, and/or mental retardation issues is Western State Hospital in Staunton, Virginia. Until residential facilities can be established, the taxpayers, the State, and the consumers are spending an exorbitant amount of time and money transporting individuals out of Northern Virginia for both short-and long-term psychiatric care. Stabilization and community reintegration are more difficult due to the lack of residential opportunities in the consumers' catchment areas. Second, the $50,000 per year given by DMHMRSAS is insufficient to fund RDSP. Moreover, the $50,000 was allocated in 1985 and has not increased in 19 years. Finally, communication barriers are an ongoing concern for Deaf staff, clients and their family members, and hearing staff. Although contracted interpreters are provided by the County (limited time), it would be ideal to have a fulltime interpreter position on site so that all persons could benefit by in interpreter present during work hours. In the meantime, the CSB pays independent contractors approximately $4,500 per month whereby a full-time interpreter position would be much more cost effective.

Community Services Boards
Alexandria Community Services
Arlington Community Services
Fairfax/Falls Church Community Services
Loudon Community Services
Prince William Community Services

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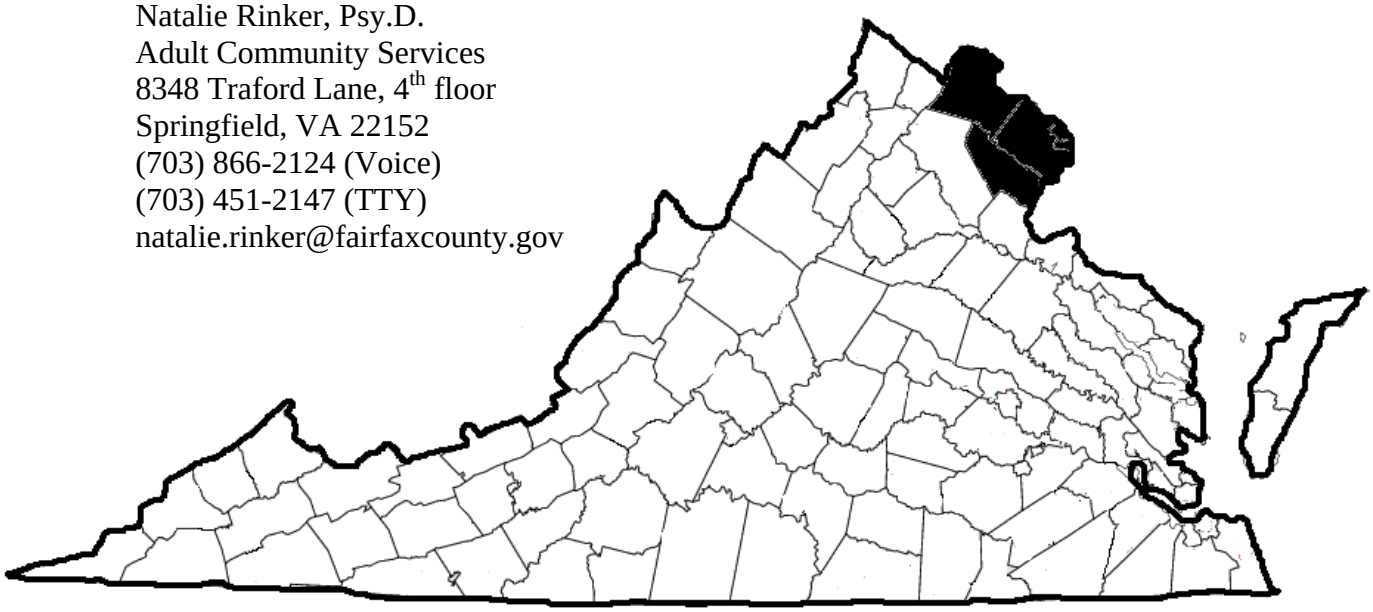

Regional Deaf Services Program, Eastern Region

Administered by Hampton-Newport News Community Services Board

Background:

The Hampton-Newport News Community Services Board's (HNNCSB) Regional Deaf Services (RDS) program provides mental health, mental retardation and substance abuse services to deaf, hard of hearing, deafblind and late deafened consumers in 9 Community Services Board's (CSB) in the Health Planning Region 5 (HPR-5). The HPR-5 consists of the following CSB's: Chesapeake Community Services Board, Colonial Community Services Board, Hampton-Newport News Community Services Board, Portsmouth Behavioral Health Care, Eastern Shore Community Services Board, Norfolk Community Services Board, Western Tidewater Community Services Board, Virginia Beach Community Services Board and the Middle Peninsula- Northern Neck Community Services Board.

The program was established in 1999 when the Regional Coordinator, Dominique McLaughlin, was hired after returning from working in the villages of Fairbanks, Alaska. At that time, the HNNCSB had one deaf employee, Mary King. Mary King had been working in the psychosocial Day Program, known as Lassen House for 19 years. Mary King had a caseload of 10 while also providing Case Management to deaf consumers at the HNNCSB. Due to the unique and complex nature of deaf consumers' overall needs, her caseload was significant.

Current clinical services provided by the Regional Coordinator, Dominique McLaughlin are individual counseling, family counseling, group counseling, intake assessment, crisis intervention, and case coordination services. The Regional Coordinator also provides consultation and referral to appropriate resources, community training, advocacy, interagency collaboration and linking and coordinating services to the nine CSB in the HPR-5. At the HNNCSB, other services are also provided to deaf consumers. Dr. Baltej Gill, Medical Director, has been providing psychiatric services and medication management to the deaf consumers at the HNNCSB since July 1989. Jacqueline Ambrose-Watson, relocating from New York City has provided Case Management Services at the HNNCSB's consumers since 2002. Jacqueline's caseload doubled in less than 6 months and she is now a FT Case Manager for the HNNCSB. Jacqueline is the only CM in the HPR-5 region who is fluent in sign language. Ada Brown is the Manager of Mental Health (MH) supervised residential programs and supported living programs. Residential programs include Queens Court and Bayport. Harbor Square is a private market apartment complex where several deaf consumers reside. Deaf consumers are served at all levels of the program and are integrated with hearing consumers. Since 1999, MH residential programs have had one consumer hire that is deaf. RDS maintains an active caseload of 21 consumers ranging from age 13-72.

At the end of FY 1999, RDS had less than 9 consumers identified in need of services. RDS has identified, provided services to and referred and linked more than 52 consumers from the nine CSB's to various programs throughout the region.

New Developments:

Since RDS was established at the HNNCSB, there has been significant increase in awareness of the services that RDS provide and the number of deaf consumers who also are referred to or seek other CSB services. Lassen House, the psychosocial day program, has increased its deaf enrollment, therefore requiring additional staff fluent in sign language. In just recent years, sign language classes have been offered every two weeks. Lassen House recently hired a Vocational Counselor with sign language proficiency to assist consumers with obtaining and maintaining employment.

Program Needs:

Since the needs of deaf consumers have increased, the array of service has also increased. There is a tremendous growth in deaf consumers needing residential placement and the CSB's in HPR-5 lacks funding for additional housing and/or residential placement. Ideally, a group home specifically designed to address the cultural and linguistic needs of deaf consumers would be best. Funding for additional residential staff that are knowledgeable of deaf culture and have fluency in American Sign Language would greatly benefit deaf services in the region. This would also reduce the number of psychiatric hospitalizations in the region.

Community Services Boards

Chesapeake Community Services
Colonial Community Services
Eastern Shore Community Services
Hampton-Newport News
Middle Peninsula-Northern Neck
Norfolk Community Services
Virginia Beach Community Services
Western Tidewater Community Services
Portsmouth Behavioral Healthcare

Regional Coordinator

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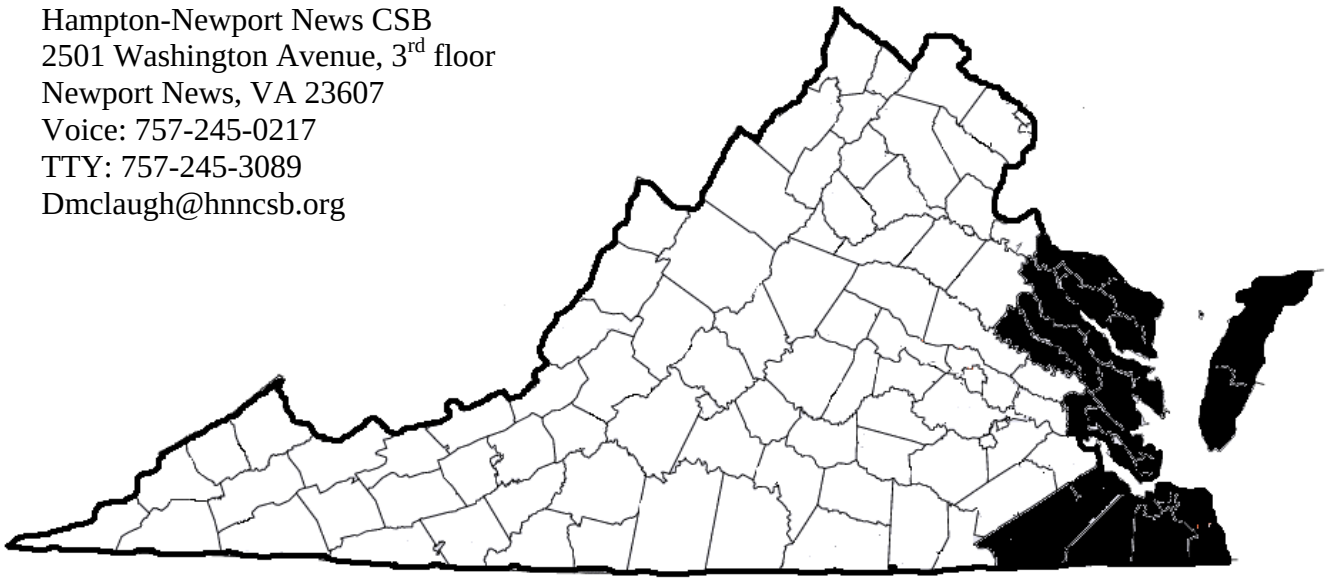

Regional Deaf Services Program, Blue Ridge Region

Administered by Blue Ridge Behavioral Healthcare

Background: The Regional Deaf Services Program, Blue Ridge Region provides mental health, mental retardation and substance abuse services to the deaf, hard of hearing, deafblind, and late deafened clients residing in eleven counties and cities of Southwestern Virginia. Originally, the Blue Ridge Region encompassed 11 CSBs effectively being responsible for all of Southwestern, Virginia. In 1999, the territory was reduced in half with the creation of the new Cumberland Mountain Region. The Blue Ridge Region currently serves six CSBs. Since its inception, only three staff have held the position as the Blue Ridge Region Deaf and Hard of Hearing Specialist. Program services include psychotherapy, case management, emergency services including prescreening, psychiatric evaluation, medication management, case consultation to the CSB staff and in-service to other professionals. The Regional Coordinator provides all services with the ability to refer to the CSB psychiatrist for medication. At the close of FY 04, direct services were posted to 23 clients serving children to adults prior to the departure of the Regional Coordinator. By comparing the annualized rate of clients services offered each year, the number of services provided was consistent to the prior fiscal year. When the position became vacant in April, CSBs continued to provide services to their clients. Program Activities are currently on-hold until the position is filled.

New Developments: In FY 2000, with the hiring of Jeffrey Christensen as a part of program development, prescreening clients in crisis, 30 day crisis counseling and emergency services consultation were added. Over the next two years, this resulted in a substantial reduction in the number of clients prescreened. In FY 2002, Case Management was added as a core service. Case management has been provided to a range of clients with noticeable impact including the reduction of crisis counseling. Two clients offered case management who had been frequently prescreened in the previous years were able to reduce their hospitalizations to zero in-patient stays. One client is now in her second year of staying out of the hospital. In Mr. Christensen's third year, the number of in-services and trainings increased. In March, a promotion to outreach the prospective hard of hearing clients was targeted. Creating a specific marketing poster to remind other professionals of the ability to access services through the regional program resulted in two referrals. Further efforts to market accessibility were halted with the departure of the Regional Coordinator.

Program Needs: Pressing client needs include the lack of interpreters being available in this region. The program's major need is the $50,000 annualized budget is insufficient to manage the salary and benefits package much less other expenses. The reliance upon third party coverage is at times impractical due to clients are often ineligible for Medicaid. Client who need substance abuse services have complex needs that often lack the outside support of the 12 step community due to the limited number of interpreters and lack of funding to pay for interpreters to attend 12 step meetings. Also, group treatment is often difficult to arrange and involves a number of barriers.

Community Services Boards
Allegeny-Highlands Community Services
Blue Ridge Behavioral Healthcare
Central Virginia Community Services
Danville-Pittsylvania Community Services
Piedmont Community Services
New River Valley Community Services

Regional Coordinator - Vacant
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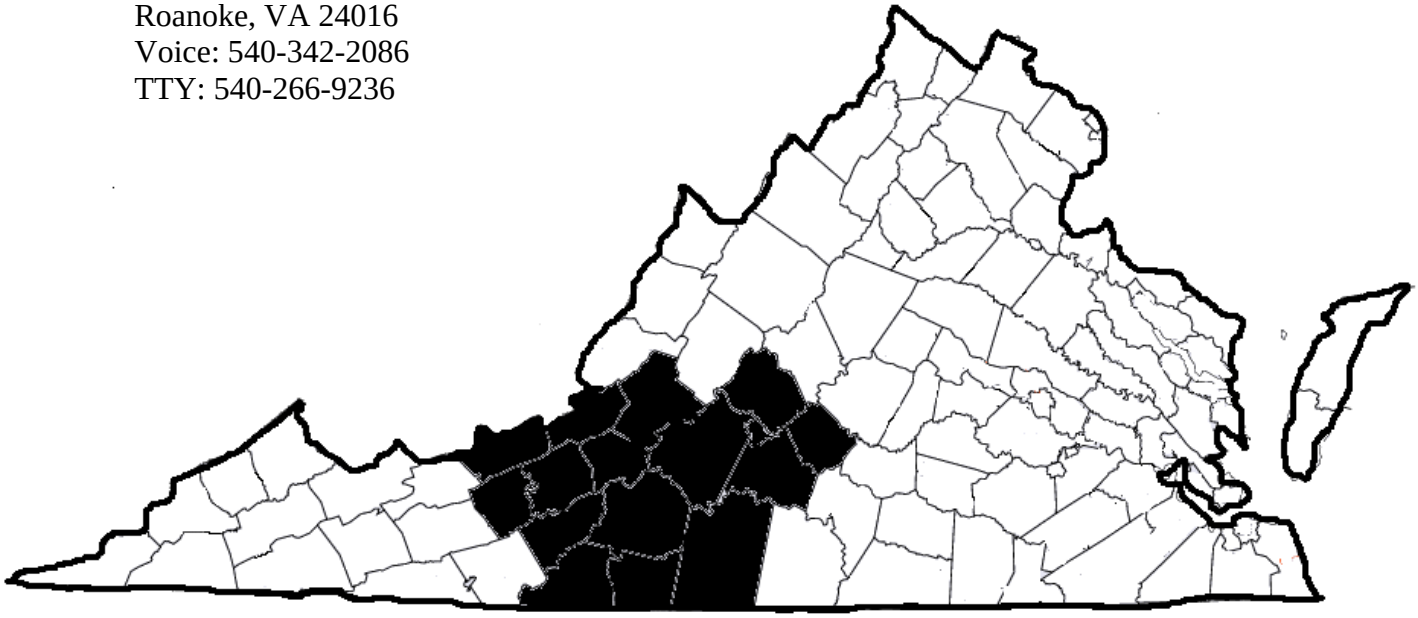

Mental Health Center for the Deaf

Administered by Western State Hospital

The Mental Health Center for the Deaf at Western State Hospital in Staunton, Virginia, serves the psychiatric and mental health needs of Deaf, Deaf-Blind, and Hard of Hearing residents for the entire Commonwealth of Virginia.

The mission of the MHCD is to provide safe and effective individualized psychiatric treatment to consumers within a culturally sensitive and communicatively effective environment. The professional staff at the MHCD are fluent in American Sign Language and communicate with individuals in the linguistic style that is best capable of facilitating full comprehension. Assessment, diagnosis, and treatment are provided by a multi-disciplinary team considering biological, psychological, and social influences on behavior.

Services the MHCD provide to the Commonwealth are inpatient psychiatric treatment, outpatient and inpatient forensic evaluation, substance abuse evaluations and treatment, and consultation to consumers and agencies serving the needs of Deaf, Deaf-Blind, and Hard of Hearing residents.

Inpatient psychiatric services at the MHCD are provided in accordance with the core principles of psychiatric rehabilitation. We run a psychosocial rehabilitation treatment program that engages patients in therapeutic activities to resolve psychiatric symptomatology and enhance coping resources. Patients participate in a full schedule of psychosocial rehabilitation programming that is delivered in American Sign Language, Tactile Signing, or through other communicative systems that best enhance full comprehension and participation.

During the fiscal year ending in 2004, the MHCD Program at WSH admitted and discharged approximately 30 Deaf, Deaf-Blind, and Hard of Hearing consumers.

We treat individuals for resolution and stabilization of acute short-term psychiatric needs. We also provide inpatient programming for those few individuals who require more extended treatment and rehabilitation services.

We seek to be an active participant in the full continuum of care for mental health services provided to individuals in the Commonwealth of Virginia. We seek to restore self-care and self-control abilities of consumers and enable them to return to life in their home communities as quickly as possible. We maintain active consultation with all of the Community Service Boards across the Commonwealth and support treatment utilizing Virginia's community based system of mental health care.

The professional staff at the MHCD include: Barbara Haskins, M.D., who serves as Head of Treatment Team (HOTT) and Attending Psychiatrist for all Deaf, Deaf-Blind, and Hard of Hearing admissions. Dr. Haskins is fluent in ASL and has been at the MHCD since its inception. Dr. Haskins is Chair of the Caucus for Psychiatrists Working With

Deaf and Hard of Hearing Individuals of the American Psychiatric Association. Dr. Haskins is Associate Clinical Professor of Psychiatric Medicine at the University of Virginia Department of Psychiatric Medicine.

Richard Willis, Psy. D, is the Clinical Psychologist at MHCD and coordinates Psychosocial Rehabilitation programming. Dr. Willis is fluent in ASL and knowledgeable in Deaf culture. He has been working in mental health and deafness since 1973. Dr. Willis provides a full array of psychological services to consumers at the MHCD, as well as outpatient forensic evaluations and outpatient community based assessments. Dr. Willis is an Assistant Professor of Clinical Psychiatric Medicine at the University of Virginia Department of Psychiatric Medicine.

Ms. Wanda Saner, BSW, is the social worker at the MHCD. She has been involved in the MHCD for approximately five years. She has developed fluency in ASL and is knowledgeable in Deaf cultural issues. She maintains ongoing consultation and contacts in various community agencies for the developmental of community resources for patient needs.

Ms. Angie Boylen is the Assistant Program Manager for the MHCD. She has been involved with the MHCD since its inception. She is involved in the development and implementation of psychosocial rehabilitation programming.

Ms. Susan Argenbright serves as Senior Human Service Care Specialist and Team Leader at MHCD. She helps organize programming and participates in providing services in the various psychosocial rehabilitation group therapeutic activities. Ms. Argenbright also maintains workshop and work skills programming offered at the MHCD.

The State Coordinator

Administered by Valley Community Services

Background: The position of State Coordinator was established in 1999 as a DMHMRSAS Central Office function with the goal of facilitating and advancing the role and services of the Regional Coordinators. When the State Facilitator resigned in FY 2003 the Advisory Council considered the Commissioner's concept of reinvesting state funding to community programs and the took the opportunity to reexamine service coordination needs across the Commonwealth. The Advisory Council found that having the position within Central Office was an effective location in which to increase system wide awareness of the mental health, mental retardation and substance abuse needs of persons with a hearing loss. Once the awareness of this need was heightened, however, it was not an ideal location in which to aggressively promote the necessary and tangible growth of future services.

After many discussions the Advisory Council concluded that having a State Coordinator working in the community would allow for an increased knowledge of consumer needs and the increased ability to make these needs known to legislators and policy makers around the state. The Advisory Council approached Valley Community Services and gained their interest in being the host agency for a future State Coordinator. In October, 2003, the Advisory Council formally recommended moving the state coordinating functions to Valley Community Services. The Commissioner approved this plan and funding was transferred by DMHMRSAS to VCS in February, 2004. When the position was relocated to the community some of the auxiliary funding that supported the position in Central Office were not available to transfer to the community. As a result, Kathryn A. Baker, LPC, the current Regional Coordinator of Deaf and Hard of Hearing Services, assumed the role of State Coordinator on a part time basis.

New Developments: Since February, 2004, the newly positioned State Coordinator has been active in establishing positive and effective liaisons with the Regional Coordinators. In addition, the State Coordinator has worked with the DMHMRSAS staff to introduce the State Coordinator to the forty community services boards across the Commonwealth. This was accomplished in a letter sent out by the Commissioner to the Community Services Boards. Finally, the State Coordinator has been appointed to serve on the Restructuring Policy Advisory Committee as a representative for consumers who are Deaf, Hard of Hearing, Late Deafened or DeafBlind.

Program Needs: In the upcoming year, the State Coordinator expects to work to increase the funding for the position. The position duties require a full-time position in order to adequately and effectively advocate with DMHMRSAS, community services and the Legislature for the expansion of services for persons who are Deaf, Hard of Hearing, Late Deafened or DeafBlind.

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